

NOTICE OF FORM CHANGE NO. 05-032

DATE

3/15/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE TEMP CA 800 ROSALES ASST (2/05) Rosales v. Thompson Retroactive Payments - Assistance

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 2/05	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

This is a Microsoft Excel document and is available on the Financial Services Bureau Automated Assistance Claims Webpage.

This form was originally posted on the above webpage with a 1/05 revision date on the form and a 2/05 revision date on the instructions. This has been corrected and both the form and instructions now have a 2/05 revision date. There is no difference in the content of the 1/05 form and the 2/05 form.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

ROSALES V. THOMPSON RETROACTIVE PAYMENTS - ASSISTANCE

December 23, 1997 - December 31, 2003

[All Rosales claims must be submitted no later than April 30, 2005. Only one claim may be submitted for the entire period].

County Name	County Contact	Telephone No.	Date Submitted
	A	B	C
	Rosales vs. Thompson 12/23/97 - 11/30/01	Rosales vs. Thompson 12/1/01 - 12/31/02	Rosales vs. Thompson 1/1/03 - 12/31/03
	Fed IV-E State County Total	Fed IV-E State County Total	Fed IV-E State County Total
ASSISTANCE PAYMENTS			
1 FFY 98 (10/1/97-9/30/98) (FMAP Rate 51.23%)			
2 Relative Placements			
3 Out-of-Home Placements (Shift from Nonfederal to Federal Foster Care)			
4 Total FFY 98	-	-	-
5 Persons Count			
1 FFY 99 (10/1/98-9/30/99) (FMAP Rate 51.55%)			
2 Relative Placements			
3 Out-of-Home Placements (Shift from Nonfederal to Federal Foster Care)			
4 Total FFY 99	-	-	-
5 Persons Count			
1 FFY 2000 (10/1/99-9/30/00) (FMAP Rate 51.67%)			
2 Relative Placements			
3 Out-of-Home Placements (Shift from Nonfederal to Federal Foster Care)			
4 Total FFY 2000	-	-	-
5 Persons Count			
1 FFY 2001 (10/1/00-9/30/01) (FMAP Rate 51.25%)			
2 Relative Placements			
3 Out-of-Home Placements (Shift from Nonfederal to Federal Foster Care)			
4 Total FFY 2001	-	-	-
5 Persons Count			
1 FFY 2002 (10/1/01-9/30/02) (FMAP Rate 51.40%)			
2 Relative Placements			
3 Out-of-Home Placements (Shift from Nonfederal to Federal Foster Care)			
4 Total FFY 2002	-	-	-
5 Persons Count			

ROSALES V. THOMPSON RETROACTIVE PAYMENTS - ASSISTANCE December 23, 1997 - December 31, 2003

[All Rosales claims must be submitted no later than April 30, 2005. Only one claim may be submitted for the entire period].

County Name		County Contact				Telephone No.				Date Submitted			
		A Rosales vs. Thompson 12/23/97 - 11/30/01				B Rosales vs. Thompson 12/1/01 - 12/31/02				C Rosales vs. Thompson 1/1/03 - 12/31/03			
		Fed IV-E	State	County	Total	Fed IV-E	State	County	Total	Fed IV-E	State	County	Total
1	FFY 2003 (10/1/02-9/30/03) (FMAP Rate 50%)												
2	*Relative Placements								-				-
3	Out-of-Home Placements (Shift from Nonfederal to Federal Foster Care)								-				-
3A	**Funding Adjustment (Shift from Nonfederal to Federal Adoptions) (FMAP Rate 50.00%)												-
4	Total FFY 2003					-	-	-	-	-	-	-	-
5	Persons Count												
1	FFY 2004 (10/1/03-12/31/03) (FMAP Rate 50%)												
2	*Relative Placements												-
3	Out-of-Home Placements (Shift from Nonfederal to Federal Foster Care)												-
3A	**Funding Adjustment (Shift from Nonfederal to Federal Adoptions)												-
4	Total First Quarter of FFY 2004									-	-	-	-
5	Persons Count												
6	TOTALS, ALL FFYs	-	-	-	-	-	-	-	-	-	-	-	-
7	Total Persons Count, All FFYs				-				-				-
8	<CalWORKs Offset>									TANF	SGF	Co.	Total
9	NET TOTALS, ALL FFYs	-	-	-	-	-	-	-	-	-	-	-	-

* For the period prior to March 3, 2003, counties are to report only the incremental difference between the original CalWORKs payment and the higher federal foster care rate. Effective 3/3/03 through 12/31/03, counties must reverse the entire CalWORKs payment and fully fund the federal foster care payment; report the foster care payment in the designated cells; the offsetting CalWORKs payments for all cases must be totaled and entered on the CalWORKs Offset Line.

** Only include Rosales costs for AAP from March 3, 2003 forward.

**INSTRUCTIONS FOR
TEMP CA 800 ROSALES ASSISTANCE CLAIM FORM
ROSALES V. THOMPSON RETROACTIVE PAYMENTS
DECEMBER 23, 1997 – DECEMBER 31, 2003**

General Information

1. On the tab labeled “Rosales Retro CL’ in the TEMP CA 800 Rosales (2/05) Excel Workbook, enter the county name, the county staff person’s name to be contacted, and their telephone number, should there be any questions regarding the claim.
2. This form is programmed to round all amounts to the nearest dollar; however, the exact value (dollar and cents) of the active cell will be displayed on the formula bar.
3. All of the gray shaded cells on this page of the workbook either have formulas or are not for data entry. **These cells are protected and no data may be entered.**
4. Assistance costs will be reported by Federal Fiscal Year (FFY) using the appropriate Federal Medical Assistance Percentage (FMAP) Rate (Noted on line #1 for each federal fiscal year) and by the time-periods identified: Column A (12/23/97 – 11/30/01), Column B (12/1/01 – 12/31/02), and Column C (1/1/03 – 12/31/03).

ASSISTANCE COSTS

A. Claiming Period: 12/23/97 – 3/2/03

Line 1: **FFY YY** – Provides the FMAP rate to be used for calculating the appropriate higher federal Foster Care rate. **No entries are to be made on this line.**

Line 2: **Relative Placements** – For cases initially designated as CalWORKs for this time-period, do not re-designate CalWORKs aid codes or reverse previous CalWORKs assistance payments. Instead, calculate the differential payment amount between the CalWORKs payment and the higher Foster Care payment, and pay the difference to the relative provider. Enter the difference for the Federal, State, and County shares under the Fed IV-E, State, and County columns respectively. The calculated difference in the federal share amount will be funded with Title IV-E funds.

Line 3: **Out-of-Home Placements** – For cases initially designated as Non-Federal Out-of-Home Foster Care Placement during this time-period, using a separate worksheet (to be maintained by the county), calculate the difference in the Federal, State, and County shares that would be paid as a Federal Foster Care, Adoption, or EA case, as opposed to the original payment as a Non-Federal Foster Care case. There will be no additional payment to providers since the rates for both federal and non-federal cases are the same. Only the Federal, State, and County shares of costs are adjusted. Enter the difference for the Federal, State, and County shares in the Fed IV-E, State, and County columns respectively. The calculated difference in the federal share amount will be funded with Title IV-E funds.

Line 4: **Total FFY YY** – This line will automatically calculate. **No entries are to be made on this line.**

Line 5: **Persons Count** – Enter the person count for all cases eligible for Relative Placements, Adoption Assistance, and Out-of-Home Placements covered by this time-period.

B. Claiming Period: 3/3/03 – 12/31/03

Line 1: **FFY YY** – Provides the FMAP rate to be used for calculating the appropriate higher federal Foster Care rate. **No entries are to be made on this line.**

Line 2: **Relative Placements**– For cases initially designated as CalWORKs for this time-period, re-designate the cases from Aid Code 33 to Aid Code 42. Calculate the total amount of all the original CalWORKs grant payments and refer to Section C, Line 8 of these instructions. Calculate the full federal Foster Care payment amount and enter the full amount on Line 2. Calculate the difference between the full Foster Care and CalWORKs payments and pay the difference to the relative provider.

Line 3: **Out-of-Home Placements** - For cases initially designated as Non-Federal Out-of-Home Foster Care Placement, Non-Federal Foster Care, Adoption Assistance, and/or Emergency Assistance (EA), there will be **no additional payment** to the provider since the rates for both the federal and non-federal cases are the same. Only the Federal, State, and County shares of costs are adjusted.

For these cases, re-designate: Non-Federal Children in Foster Care cases from Aid Code 40 to Aid Code 42, Federal Children in Foster Care; EA Foster Care cases from Aid Code 4K to Aid Code 42 Federal Children in Foster Care; and Non-Federal Adoption Assistance cases from Aid Code 04 to Aid Code 03 Federal Adoption Assistance. Calculate the difference in Federal, State, County shares that would be paid as a federal Foster Care, Adoption, or EA case as opposed to the original payment as a non-federal Foster Care case using a separate worksheet (to be maintained by the county). Enter the difference for the Federal, State, and County shares under the Fed IV-E, State, and County columns respectively. The calculated difference in the federal share amount will be funded with Title IV-E funds.

Line 3A: **Funding Adjustment (Shift from Non-Federal to Federal Adoptions)** – For these cases, re-designate aid code 04 Non-Federal Adoption cases to Aid Code 03 Federal Adoption cases. Calculate the difference in Federal, State, and County shares that would be paid as a Federal Adoption case as opposed to the original payment as a Non-Federal Adoption case using a separate worksheet (to be maintained by the county). Enter the difference for the Federal, State, and County shares under the Fed IV-E, State, and County columns respectively. The calculated difference in the federal share amount will be funded with Title IV-E funds.

NOTE: *Only the Adoption Assistance Program Rosales' costs from 3/3/03 to 12/31/03 should be included on this line.*

Line 4: **Total FFY YY** – This line will automatically calculate. **No entries are to be made on this line.**

Line 5: **Persons Count** – Enter the person count for all cases eligible for Relative Placements, Adoption Assistance, and Out-of-Home Placements covered by this time-period.

C. Totals

Line 6: **Totals, All FFYs:** This line will automatically calculate. **No entries are to be made on this line.**

Line 7: **Total Persons Count, All FFYs:** This line will automatically calculate. **No entries are to be made on this line.**

Line 8: **<CalWORKs Offset>:** For cases initially designated as CalWORKs and re-designated to Aid Code 42, calculate the total amount of all the original CalWORKs grant payments and enter the full amount by fund source on the <CalWORKs Offset> line. (See Section B, Line 2 above).

Line 9: **Net Totals, All FFYs:** This line will automatically calculate. **No entries are to be made on this line.**

All calculations are linked to the tab labeled “Summary Cert Page”. **No entries are to be entered on this page of the workbook.**